Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER THAN		
(Column 1) (Column 2)									TYPE		OR	SMALL	ENTITY	
FOR			NUMBE	ER FILED		NUMBER	EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE										380.00	OR		760.00	
TOTAL CLAIMS			之	Sminus:	20=	* 🔨			X\$ 9=		OR	X\$18=	iff	
INE	EPENDENT CL	AIMS	`*	> minus	3 =	* 2			X39=		OR	X78=	156	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=	7		
* If the difference in column 1 is less than zero, enter "0" in column 2								•	TOTAL		OR	TOTAL	10 bl	
CLAIMS AS AMENDED - PART II												OTHER	OTHER THAN	
(Column 1) (Column 2) (Column 3)								_	SMALL	ENTITY	OR	R SMALL ENTITY		
AMENDMENT A		REM/ AF	AIMS AINING TER DMENT		PF	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 4	3	Minus	**	28	= 35		X\$ 9=	315	OR	X\$18=		
	Independent	*	7	Minus	***		= 2		X39=	Sil	OR	X78=		
_	FIRST PRESE	NTATIO	N OF M	ULTIPLE DEI	PEND	ENT CLAIM		l	+130=		OR	+260=		
								ı	TOTAL			TOTAL		
									ADDIT. FEE		OR	ADDIT. FEÉ		
			IMN 1) AIMS			olumn 2) HIGHEST	(Column 3)	1 -			1 1			
AMENDMENT B		REM/	AINING TER DMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	67	Minus	**	63	= 4		X\$ 9=	34-	OR	X\$18=		
	Independent	*	10	Minus	***		= 3		X39=	126-	OR	X78=		
	FIRST PRESE	NTATIO		ULTIPLE DEI	PEND	ENT CLAIM		<b>ا</b> ا	+130=		OR	+260=		
								Ł	TOTAL	162		TOTAL		
								A	DDIT. FEE		143	ADDIT. FEE		
	•		mn 1)	,		olumn 2)	(Column 3)							
AMENDMENT C		REMA AF	NIMS NINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=.		
	Independent	*		Minus	***		=	<b> </b>	X39=			X78=		
1	FIRST PRESE	NTATIO	N OF M	ULTIPLE DEI	PEND	ENT CLAIM					OR			
									+130=		OR	+260=		
**	If the entry in colu If the "Highest Nu	mber Pre	viously Pa	aid For" IN THI	S SPA		an 20, enter "20."	. A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
200	if the "Highest No	mber Pro	viously P	aid For' IN THI	S SPA	CE is less the	an 3. enter "3."		_			10011.1 661		

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:

Total Fee Calculation												
<del>-</del>	Fee Code	Total # Claims	Number Extra	x	Fee	Fee		Total				
	Sm./Lg.				Sm. Entity	Lg. Entity	•					
Basic Riling Fee	201/101	. 98	87			194						
Total Claims >20	203/103	700	-20 =	X		157	, = .	<del></del>				
Independent Claims >3	202/102	0	.3 = 2	X		15	3					
Mult. Dep Claim Present	204/104				•	12/	) =					
Surcharge	205/105	•				15	=					
English Translation	139											
TOTAL FEE CALCUL	ATION							<del></del> .				
Fees due upon filing	the applica	tion:	F1 D1 6	ו								
Total Filing Fees Due = \$												

BALANCE DUF.

Office of Initial Patent Examination

Pigure 7

FORM OIPE-RAM-01 (Rev. 12/97)

Less Filing Fees Submitted

